



AUTHORIZATION TO RELEASE UTILITY INFORMATION

I, _____, authorize release of information pertaining
(Print Customer Name)
to my utility account for _____ with the City of Eau Claire
(Service Address)
to: _____ and/or _____.

This information may include, but is not limited to, my consumption, bill amounts, and payment information.

(Customer Signature)

(Date)

(Customer Signature)

(Date)

Please return the completed form via email or mail.

Email:
utilities@eauclairewi.gov

Mail:
City of Eau Claire Utilities
PO Box 909
Eau Claire WI 54702-0909